4-11+11+11+1+1+1+

| PATENT APPLICATION FEE DETERMINATION RECO   |  |  |                                      |                                |                     |                  |               | Application or Docket Number |                        |         |                               |                        |  |
|---|--|--|--------------------------------------|--------------------------------|---------------------|------------------|---------------|------------------------------|------------------------|---------|-------------------------------|------------------------|--|
|   |  | 29/690457                                  |                                      |                                |                     |                  |               |                              |                        |         |                               |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |  |                                      |                                |                     |                  |               | SMALL ENTITY TYPE            |                        |         | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| TC  | OTAL CLAIMS                                    |  | (COIGINIT 1)                         |                                | (Coldmit 2)         |                  | ( <del></del> | RATE FEE                     |                        | OR<br>] | RATE                          | FEE                    |  |
| FOR   |  |  | NUMBER FILED                         |                                | NUMBER EXTRA        |                  | }             | BASIC FEE 355.00             |                        | OR      | BASIC FEE                     |                        |  |
| TOTAL CHARGEABLE CLAIMS   |  |  | 32_ minus 20=                        |                                | . 12                |                  | X\$ 9         | X\$ 9=                       |                        | OR      | X\$18=                        | 216.                   |  |
| INDEPENDENT CLAIMS  |  |  | / H minus 3 =                        |                                | • //                |                  | X40=          |                              |                        | 1 1     | ļ                             | 880.                   |  |
| MU  | ILTIPLE DEPEN                                  | DENT CLAIM PI                              | ESENT                                |                                |                     |                  |               |                              |                        | OR      |                               | 200,                   |  |
| * If  | the difference                                 | in column 1 is                             | ess than zero, enter "0" in column 2 |                                |                     | +135             |               |                              | OR                     | +270=   | (50.4                         |                        |  |
| CLAIMS AS AMENDED - PART II   |  |  |                                      |                                |                     |                  | TOTA          | L [                          | <del>,</del>           | OR      | TOTAL OTHER                   | 1806.                  |  |
|   |  | (Column 1)                                 |                                      | (Colur                         | nn 2)               | (Column 3) SMALL |               |                              | YTITM                  | OR      | SMALL                         |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  | ,                                    | HIGH<br>NUMI<br>PREVIC<br>PAID | BER<br>DUSLY        | PRESENT<br>EXTRA | RAT           |                              | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *  | Minus                                | **                             |                     | =                | X\$ 9         | -                            |                        | OR      | X\$18=                        |                        |  |
| AME   | Independent                                    | *  | Minus                                | ***                            |                     | ]=               | X40=          |                              |                        | OR      | X80=                          |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                      |                                |                     |                  | +135          | =                            |                        | OR      | +270=                         |                        |  |
|   |  |  |                                      |                                |                     |                  |               | AL                           |                        |         | TOTAL                         |                        |  |
|   |  | ADDIT. F                                   | EE L                                 |                                | ] /                 | ADDIT. FEE       |               |                              |                        |         |                               |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  | ,                                    | HIGH<br>NUME<br>PREVIC<br>PAID | BER<br>DUSLY        | PRESENT<br>EXTRA | RATE          | - 11                         | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *  | Minus                                | **                             |                     | =                | X\$ 9         | =                            |                        | OR      | X\$18=                        |                        |  |
|   | Independent                                    | •  | Minus                                | ***                            |                     | <u> </u>         | X40=          | :                            | ,                      | OR      | . X80=                        |                        |  |
| <u></u>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                      |                                |                     |                  |               | =                            |                        | OR      | +270=                         |                        |  |
|   |  |  |                                      |                                |                     |                  |               | AL EE                        |                        | . (I    | TOTAL                         |                        |  |
|   | (Column 1) (Column 2) (Column 3)               |  |                                      |                                |                     |                  |               |                              |                        | , ,     | ADDIT. FEE                    |                        |  |
| AMENDWENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  | <i>z</i> '                           | HIGH<br>NUME<br>PREVIC<br>PAID | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA | RATE          |                              | ADDI-<br>FEE           |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *  | Minus                                | **                             | <del> </del>        | =                | X\$ 9:        | = [                          |                        | OR      | X\$18=                        |                        |  |
| AME   | Independent                                    | *  | Minus                                | ***                            | . 01 4114           | =                | X40=          |                              |                        | OR      | X80=                          |                        |  |
| <u></u>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                      |                                |                     |                  |               | _                            |                        | OR      | +270=                         |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Province Read For" IN THIS SPACE is less than 20, and a "00". |  |  |                                      |                                |                     |                  |               |                              |                        |         |                               |                        |  |
| •••   | If the "Highest Nu                             | mber Previously Pai<br>hber Previously Pai | aid For" IN THI                      | S SPACE is                     | s less tha          | n 3, enter "3."  | ADDIT. F      |                              |                        |         | ADDIT. FEE                    |                        |  |